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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. W2450002

Total Pages 54

First Named Inventor or Application Identifier

WALKER, Kenneth Gordon

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification (Total Pages)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 113) (Total Sheets)
4. Oath or Declaration (Total Pages)
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
(Note Box 5 below)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☒ Small Entity ☐ Statement filed in prior application, Statement(s) ☐ Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: 08/ 627,011

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

NAME

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	22 -20 =	2	x \$ 22 =	\$ 44 .
	INDEPENDENT CLAIMS(37 CFR 1.16(b))	5 -3 =	2	x \$ 82 =	164 .
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	
				BASIC FEE (37 CFR 1.16(a))	790 .
				Total of above Calculations =	998 .
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				499 .
TOTAL =					499 .

6. Small entity status:

- a. ☒ A small entity statement is enclosed.
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. _____:

- a. ☐ Fees required under 37 CFR 1.16.
b. ☐ Fees required under 37 CFR 1.17.
c. ☐ Fees required under 37 CFR 1.18.

8. ☒ A check in the amount of \$ 499 . is enclosed.9. ☐ Other: _____**NOTE:**

The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME				
ADDRESS				
CITY		STATE	ZIP CODE	
COUNTRY		TELEPHONE	FAX	

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME David J. McGruder

SIGNATURE 

DATE April 17, 1998